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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/116,426
Filing Date	07/15/1998
First Named Inventor	SURESH
Art Unit	2171
Examiner Name	DO.T
Attorney Docket Number	INFO-P005

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 41066

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- Per client request  
The reasons for this request are: - There is no outstanding term for response

## **CORRESPONDENCE ADDRESS**

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**OR**

☒ Firm or Individual Name **INFORMATICA CORPORATION**

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Signature 

Registration No. **36,398**

Date **7/30/04**

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**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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